

**FY2011 Review Requests
Governance & Oversight**

- Local authority oversight to be accomplished by reviewing the board of directors' minutes for all meetings held during the year (to be provided electronically)
- Subcontract review (3-5 provider contracts) scanned or mailed to the Division of Substance Abuse and Mental Health.
- Evidence of your subcontractor monitoring for all subcontracts (reports or work papers)
- Independent auditor reports and financial statements issued at the conclusion of the annual audit
- Contact John Bell as soon as possible to discuss how monitoring of contract payments can be accomplished.
- Policies and procedures (electronic availability required)



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES

PALMER DePAULIS
Executive Director

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

MARK I. PAYNE
Director



SENT VIA EMAIL

September 13, 2010

[REDACTED]

Re: Division of Substance Abuse and Mental Health Auditor Request

Dear [REDACTED]

Thank you for the invitation to the opening conference of your annual audit. In light of the mandate to curtail travel expenses in order to conserve budget funds, we have decided that we will be unable to attend in person. As in years past, we request that your auditors, in the course of their fieldwork, examine the items included as attachment to this letter.

As provided in the contract, Part V Section B 1 g (1): *DHS/DSAMH may also prescribe specific items to be addressed by the audit based on particular needs or concerns....* we request the following specific areas (see page 2) be addressed during the course of this audit. At the conclusion of the audit, please instruct your auditors to provide the Division of Substance Abuse and Mental Health with the following:

- Copies of Federal and State compliance audits
- The management letter
- A written report of their work in these areas and recommendations suggested.

Thank you,

John G Bell CPA
Auditor IV
Department of Human Services
Division of Substance Abuse and Mental Health

As allowed by the contract, we request that the following specific items be identified and reported directly to the Division of Substance Abuse and Mental Health.

Executive Travel Reimbursement:

We are charged by statute (UCA 62A-15-110) to ascertain that all travel by executive and management personnel is appropriate to the business of the center. As stated in the contract, we are to ensure that no personal benefit is derived from travel and other reimbursements. This would preclude a sampling methodology and require an examination of the entire population of expenditures in these categories.

Cost Allowability:

Part V of the contract outlines cost accounting principles and financial reporting. The determination of cost allowability is defined by Federal and Department of Human Services Cost Principles. It is our desire to receive an acceptable level of confidence that costs reported in the financial statements are allowable under these cost accounting principles.

Policies and Procedures:

Are the organization's accounting policies sufficiently worded to cover appropriate accounting issues? Are there effective procedures in place to ensure that they follow these accounting policies?

Prior Audit Findings:

Please follow up and report the present status of any findings from your prior independent auditor's report.

BOARD MINUTES REVIEW

LSAA / LMHA Center:

[illegible]

Oversight and Management Check List

Contractor Name: _____

Contract Number #: _____ Date _____

Ratings: P = pass F = fail NA = not applicable

| Monitoring Issue/Area | Rating (Pass / Fail / NA) | | | Comments: |
|--|------------------------------|---|----|--|
| | P | F | NA | |
| 1. The Local Authority reviews and evaluates mental health, treatment, intervention, and prevention needs and services, including needs for incarcerated individuals <i>17-43-201(4)(a)</i> <i>(Board Minutes/Interview)</i> | P | F | NA | |
| 2. The Local Authority or its contracted provider prepare and submit an annual plan to the division for funding and service delivery through the Local Authority. <i>17-43-201(4)(b)</i> | P | F | NA | |
| 3. The Local Authority approves the annual budget (November for calendar year, May for fiscal year). <i>17A-1-410 Uniform Fiscal Procedures Act</i> <i>(Board Minutes/Interview)</i> | P | F | NA | |
| 4. The Local Authority selects an independent auditor. <i>17-43-201 (2)(c)(ii)</i> <i>(Board Minutes/Interview)</i> | P | F | NA | |
| 5. The Local Authority receives and reviews financial reports on a regular basis providing sufficient oversight and control of public funds allocated for programs and services. | P | F | NA | <i>(e.g. quarterly financial reports, expenditure detail monthly report, program/service expenditure reports, funding revenue stream breakout report). Board minutes/Interview</i> |
| 7. There is a consistent pattern of Local Authority approval of special expenditures as specified in Local Authority policy (e.g. over \$500). <i>See Board Bylaws and Center Policies</i> | P | F | NA | |
| 8. The Local Authority reviews and approves expenditures, and reimbursements of directors, officers and other agency staff. <i>62A-15-110(1)(b)(i) (Board Minutes/Interview)</i> | P | F | NA | |
| 9. The Local Authority annually certifies they have reviewed the independent audit. <i>62A-15-110(1)(d)</i> <i>(Certification of Audit Review & Board Minutes)</i> | P | F | NA | |
| 10. The Local Authority reviews Division reviews/audits. <i>(Board Minutes/Interview)</i> | P | F | NA | |

| Monitoring Issue/Area | Rating (Pass / Fail / NA) | | | Comments: |
|--|------------------------------|---|----|-----------|
| | P | F | NA | |
| 11. The Local Authority takes corrective action when they know of a violation. <i>17-43-203(3) (Board Minutes/Interview)</i> | P | F | NA | |
| 12. The Local Authority annually contracts with the Division to provide substance abuse services. <i>17-43-201(4)(h) (Review Contract prior to audit)</i> | P | F | NA | |
| 13. The Local Authority appoints directly or by contract a part time or full time director for substance abuse and mental health programs and prescribes the director's duties <i>17-43-201(4)(d) (Board Minutes/Interview)</i> | P | F | NA | |
| 14. The Local Authority provides input and comment on new and revised policies established by the DSAMH board <i>17-43-201(4)(e) (Board Minutes/Interview)</i> | P | F | NA | |
| 15. The Local Authority established mechanisms allowing for direct citizen input <i>17-43-201(4)(g) (Board Minutes/Interview)</i> | P | F | NA | |
| 16. The Local Authority complies with all applicable state and federal statutes, policies, audit requirements, contract requirements, and any directives resulting from those audits and contract requirements <i>17-43-201(4)(i)</i> | P | F | NA | |
| 17. The Local Authority charges a fee for substance abuse and mental health services – exception: inability to pay circumstances <i>17-43-204(1) (Interview)</i> | P | F | NA | |
| 18. The Local Authority pays for the cost of services for persons residing in their jurisdiction <i>17-43-204(2) (Interview)</i> | P | F | NA | |

CONTRACT MONITOR

(Signature)

Date

[illegible]

LSAA/LMHA Center: _____ Date of Review: _____
Type of Review: Executive _____ Check Register _____

[illegible]

LOCAL AUTHORITY CONTRACT WITH THEIR PROVIDER

Contractor Name: _____

Contract Number #: _____

Date: _____

| Monitoring Issue/Area LHSA17- 43-201/301(5) | Rating (Pass / Fail / NA) | | | Comments: |
|---|------------------------------|---|----|-----------|
| 1. Defined Contracting parties | P | F | NA | |
| 2. Defined contract period. | P | F | NA | |
| 3. Purpose of Scope of Work, description of services. | P | F | NA | |
| 4. Compensation information – contracting amount, how billing will occur and how payments will be made. | P | F | NA | |
| 5. A listing of documents incorporated into the contract by reference. | P | F | NA | |
| 6. Insurance and indemnification requirements. | P | F | NA | |
| 7. Compliance with all "applicable state and Federal laws" (included in the DHS contract's standard terms and conditions). | P | F | NA | |
| 8. The provider complies with all requirements for the disclosure of lobbying activities. | P | F | NA | |
| 9. The provider complies with all requirements for the disclosure of conflicts of interests and third party transactions. | P | F | NA | |
| 10. The provider complies with all board and division policies. | P | F | NA | |
| 11. The provider will comply with all requirements of Governance and Oversight legislation. | P | F | NA | |
| 12. Requirements for record keeping, access to records, and reporting. | P | F | NA | |
| 13. Modification and dispute resolution, including contract termination, and grievance procedures. | P | F | NA | |
| 14. Financial reporting and accountability, including the type and frequency of providing financial reports and compliance with applicable cost principles. | P | F | NA | |
| 15. Approval by the Local Authority. | P | F | NA | |
| 16. Complies or requires compliance by provider with all directives issued by DHS and DOH regarding use and expenditure of state and federal funds: ie backup documentation is provided with invoices | P | F | NA | |
| 17. Provider consults and coordinates with the Local Authority with regard to programs and services | P | F | NA | |

| Monitoring Issue/Area LHSA17- 43-201/301(5) | Rating (Pass / Fail / NA) | Comments: |
|--|---------------------------------|-----------|
| 18. Provider and each entity that receives any public funds from the LA agrees in writing that the entity's financial records and other records relevant to the entity's performance of the services provided shall be subject to examination by the division, LA director, county treasurer or county/district attorney | P F NA | |

CONTRACT MONITOR (Signature)

Date

FY2011 Substance Abuse Prevention Monitoring Process

The Local Authority will provide the following documents at least one week prior to the week of the scheduled program review.

EASY Report

SYNAR Report

Any changes or updates to logic models

Any available outcome reports from prevention programs

During the review, the focus will be on policies and procedures covering:

1. Area Plan
2. State Contract
3. Priority populations based on needs assessment including adolescents, but looking at broader lifespan prevention
4. Effectiveness of programs, using logic models
5. Prevention Scorecard
6. 60 day monitoring of data entry

FY2011 Monitoring

Tuesday (Per attached schedule)

- 1) Entrance meeting to be conducted via video conference or conference call 15-20 minutes
Attendees: DSAMH administrative & monitoring staff
Center Director
Others as invited

- 2) Interviews with Center administrative/Designated staff
Adult Mental Health 1 hour
Child, Youth and Family Mental Health 1 hour
Substance Abuse Treatment 1 hour
Substance Abuse Prevention 1 hour
Governance & Oversight 30 minutes

- 3) File review (concurrent with step 4 below) 1-2 days
 - Electronic access to charts needed at least 2 weeks prior to review (to enable DSAMH staff to verify connections, access, etc.)
 - Review limited to portions of no more than 10 files as identified on the mental health, substance abuse and governance pages following)
 - If electronic access unavailable, photocopies of documents must be provided

- 4) Policy review (concurrent with step 3 above) 1-2 days

Thursday

- 5) Exit meeting to be conducted via video conference or conference call 1 hour
Attendees: DSAMH administrative & monitoring staff
Center Director
Others as invited

Division of Substance Abuse and Mental Health
FY2011 Site Review Dates

| Provider | Site Review Date |
|---|------------------|
| Southwest Center SA & MH | 24-Aug-10 |
| Central Utah MHSA Center dba Central Utah Counseling Center | 14-Sep-10 |
| Salt Lake County Local Substance Abuse Authority | 28-Sep-10 |
| Salt Lake County MH (Valley Mental Health) | 5-Oct-10 |
| Summit County SA/MH (Valley Mental Health) | 26-Oct-10 |
| Tooele County SA/MH (Valley Mental Health) | 16-Nov-10 |
| Utah County Local Substance Abuse Authority | 14-Dec-10 |
| Utah County (Wasatch Mental Health) | 21-Dec-10 |
| Weber Human Services SA/MH | 11-Jan-11 |
| Davis County SA/MH (Davis Behavioral Health) | 1-Feb-11 |
| Wasatch County (Heber Valley Counseling) | 22-Feb-11 |
| Bear River Dept of Health Local Substance Abuse Authority | 15-Mar-11 |
| Cache County (District 1 Mental Health Authority-Bear River MH) | 15-Mar-11 |
| Carbon County (Four Corners Community Mental Health Center) | 29-Mar-11 |
| San Juan Substance Abuse/Mental Health Service District | 26-Apr-11 |
| Northeastern SA/MH | 24-May-11 |

| <u>Timeline</u> | <u>Process</u> |
|------------------------|---|
| 1 month prior | <ul style="list-style-type: none"> · Review data/information to determine what questions we have (and any other request) · Contact center and let them know what we want · Send them the request · Send proposed schedule (flexible) · Identify when they must have it for us (at least 1 week before site visit date) · Instruct them to identify their “support staff” to work with us for chart reviews · Suggest times when we propose to use Telemed equipment and ask them to identify any known conflicts |
| 1 week prior | <ul style="list-style-type: none"> · Center provides required items to Division of Substance Abuse and Mental Health · Test electronic access to charts |
| Tuesday of review week | <ul style="list-style-type: none"> · One hour (max) entrance interview to confirm monitoring schedule (Telemed or conf call) |
| Tuesday thru Thursday | <ul style="list-style-type: none"> · Teleconferences with each group following schedule determined on Monday · Chart reviews |
| Thursday PM | <ul style="list-style-type: none"> · Exit interviews with Center director at 2:00 or 3:00 |

Chart Review Requirements

SA Treatment

Assessment

ASAM

1st month notes

Most recent month notes

Only charts opened since last site visit

Treatment plan

Treatment plan review

SA Prevention

Assessment

ASAM/IOM

Performance measures (EASY, SYNAR)

MH Adult

Original Assessment

Recent assessment update

Diagnosis

Treatment plan - original

- 2 most recent and all other treatment plans from each program in last 6 months (include any updates and CM assessments)

Treatment plan review

Last 30 days' notes (all progress and provider notes)

MH Children

Original Assessment

Recent assessment update

- Most recent complete assessment (include any update & CM assessment)
- YOQ admin / score graph (?)

Diagnosis

Treatment plan - original

- 2 most recent and all other treatment plans from each program in last 6 months (include any updates and CM assessments)

Treatment plan review

Last 20 days' notes (all progress and provider notes)

Governance & Oversight

Electronic copies of board minutes

Copies of 3-5 subcontracts with providers

Independent Auditor's report (provided at conclusion of audit)

Adult Mental Health FY 2011 Monitoring Protocol

The FY 2011 site visit will focus on of 3 areas of review. Please be prepared to participate in the following activities:

1. Interview with Center Administration and/or Designated Staff

This interview is anticipated to last one half to two hours. The site visit team will review:

- findings from the FY 2010 site visit and progress on the action plans
- the center's provision of the 10 mandated services
- review of the center's adult mental health scorecard with discussion on items more than 30% above or below state averages
- any concerns/issues the center would like to share with the division
- the center's provision of services with the unfunded program monies
- review of any specialty contracts
- changes to area plans since submission to the division

2. Policy Reviews

The site visit team will review the center's policies regarding:

- regarding use of person-centered plans
- regarding strengths-based assessments
- describe how OQ is incorporated into treatment planning process
- a summary of specific activities related to use of state monies dedicated to the unfunded consumers
- regarding activities directly related to the division's wellness directive
- regarding activities per the division's tobacco free treatment environments directive
- regarding consumer input into treatment and programming
- regarding compliance with Medicaid provider contract Attachment B, Article XI, J (complaint process)
- regarding discharge planning from USH
- regarding family and mental health advocacy groups into treatment and programming
- regarding current activities related to CIT or plans to support CIT (information purposes only)

3. File Reviews

The site visit team will review 10 case files that are randomly drawn from the center's open caseloads. All file reviews will focus on:

- Original Assessment
- CM Assessments
- Annual assessment update
- Diagnosis
- Treatment plan
- All treatment plans from the last 6 months
- Treatment plan review (two most recent and all other treatment plans from each program in the last 6 months, including updates and CM assessments)
- Last 30 days of notes (all progress and provider notes)

| <u>Timeline</u> | <u>Process</u> |
|------------------------|---|
| 1 month prior | <ul style="list-style-type: none"> · Review data/information to determine what questions we have (and any other request) · Contact center and let them know what we want · Send them the request <ul style="list-style-type: none"> ○ Policies <ul style="list-style-type: none"> ▪ Regarding use of person-centered plans ▪ Regarding strengths-based assessments ▪ Describe how OQ is incorporated into treatment planning process ▪ A summary of specific activities related to use of state monies dedicated to the unfunded consumers ▪ Regarding activities directly related to the division's wellness directive ▪ Regarding activities per the division's tobacco free treatment environments directive ▪ Regarding consumer input into treatment and programming ▪ Regarding compliance with Medicaid provider contract Attachment B, Article XI, J (complaint process) ▪ Regarding discharge planning from USH ▪ Regarding family and mental health advocacy groups into treatment and programming ▪ Regarding current activities related to CIT or plans to support CIT ○ If findings were made in FY 2010 site visit, update on center's adult mental health corrective action plan from FY 2010 ○ Planned scheduled treatment activities by treatment programs i.e. schedules/calendar of events ○ Organizational chart ○ Identify any changes to area plan since submission to the division ○ Submit justification for indicators on the Scorecard that fall 30% greater or lower than the state averages · Send proposed schedule (flexible) · Identify when they must have it for us (at least 1 week before site visit date) · Instruct them to identify their "support staff" to work with us for chart reviews · Suggest times when we propose to use Telemed equipment and ask them to identify any known conflicts |
| 1 week prior | <ul style="list-style-type: none"> · Center provides required items to Division of Substance Abuse and Mental Health · Test electronic access to charts |
| Tuesday of review week | <ul style="list-style-type: none"> · One hour (max) entrance interview to confirm monitoring schedule (Telemed or conf call) |
| Tuesday thru Thursday | <ul style="list-style-type: none"> · Teleconferences with each group following schedule determined on Monday · Chart reviews |
| Thursday | Exit interviews with Center director at 2.00 or 3.00 PM |

Monitoring for Children, Youth & Families Mental Health

The FY11 site visit will focus on three areas of review. Please be prepared to participate in the following activities:

1. Managers Discussion held via teleconference (or conference call, if teleconference is not possible)
This discussion should be held following chart reviews and is expected to last one to one and one half hours.

Participants:

- Managers who work with children, youth and families
- Representative of the executive management team when appropriate
- Family Resource Facilitator

The site visit team will review:

- FY10 site visit findings and agency responses,
- Center's provision of the 10 mandated services
- Area Plan
- Mental Health Scorecard
- Youth Outcome Measures
- FRF/Mentor program
- Implementation of Wraparound services to fidelity
- Multi-Agency Coordinating Committee.. (1.5 Hours)

2. Chart Reviews:

The CYF team is requesting that 10 charts be pulled for review. Charts should be selected from open caseloads, and be representative of the range of ages served by the agency. If the agency has multiple locations where services are delivered to children, youth, and families, the charts submitted should be representative of all service delivery sites.

All chart reviews will focus on:

- Original assessment
- Most recent assessment update
- Case management needs assessment
- Current diagnosis
- Original treatment plan
- Treatment plan reviews (two most recent treatment plan reviews and all treatment plans or reviews from other programs completed in the previous 6 months)
- Last 20 days of notes (all progress and provider notes)

3. Family Feedback

Two to four weeks prior to the site visit, the Family Resource Facilitator (FRF) under the guidance of the Family Mentor, and in conjunction with the CMHC, will distribute questionnaires to family members and/or other caretakers of children/youth currently in care (or discharged within the past 6 months) or families being served by the FRF. Questionnaires should be distributed to families throughout your catchment area and will be returned to the FRF or mailed directly to the Family Mentor.

FY2011 Monitoring Plan: Governance and Oversight

Due to legislative limitations placed upon the Division for FY2011, the review will be limited in scope and we will examine the following areas:

- Local authority oversight to be accomplished by reviewing the board of directors' minutes for all meetings held during the year (to be provided electronically)
- Subcontract review (3-5 provider contracts) scanned or mailed to the Division of Substance Abuse and Mental Health and LA
- Evidence of your subcontractor monitoring for all subcontracts
- Independent auditor reports and financial statements issued at the conclusion of the annual audit
- Selected items from billings presented to the Division for payment may be examined and backup documentation requested (to verify expenditures specific to grants)
- Policies and procedures (electronic availability required)

Substance Abuse Treatment Clinical Chart Review Requirements:
To be provided one week prior to the site visit

The Local Authority will provide access to portions of 10 charts. Electronic access is preferred. However, copies or a combination of electronic access and paper copy is acceptable.

Chart requirements:

1. Client will have been admitted since the date of the last site visit.
2. Documents provided access to will be:
 - Admission assessment, including diagnosis, ASI, ASAM Placement assessment and assessment summary.
 - Initial Treatment Plan
 - All subsequent Treatment Plan reviews and ASAM reviews
 - Client's first month of Progress Notes
 - Client's most recent month of progress notes
 - Discharge Summary if applicable.

Policy Review:

Administrative Documents to be provided one week prior to the Site Visit

- Outpatient, Intensive Outpatient, Residential (If offered), Adolescent and Gender specific program schedules.
- Contracts or agreements to provide ASAM services not offered directly (Adult and Adolescent).
- List of staff (including name and credentials) providing substance abuse services with a breakdown of staff time in each program.
- List of training conducted for Substance Abuse Treatment staff in past year.
- Copy of Admission policies and priorities.
- Copy of TB Testing and Treatment policy.
- Copy of Clinical Supervision Policy.
- Detailed Description of Women's specific programming and services.

FY2011 Substance Abuse Prevention Monitoring Process

The Local Authority will provide the following documents at least one week prior to the week of the scheduled program review.

EASY Report

SYNAR Report

Any changes or updates to logic models

Any available outcome reports from prevention programs

During the review, the focus will be on policies and procedures covering:

1. Area Plan
2. State Contract
3. Priority populations based on needs assessment including adolescents, but looking at broader lifespan prevention
4. Effectiveness of programs, using logic models
5. Prevention Scorecard
6. 60 day monitoring of data entry

**UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK
GRANT MONITORING CHECKLIST**

| | |
|--------------------------|--|
| Program Name | |
| Reviewer Name | |
| Date(s) of Review | |

Instructions: Use the key below to complete all applicable sections of this checklist:

Y="Yes," the program meets all the conditions of the requirement.

N="No," the program does not meet any of the conditions of the requirement.

P=The program is in "Partial" compliance but does not meet all the conditions of requirement. When the program is Partial Compliance, please provide information in the space for comments.

N/A=This requirement is "Not Applicable" to the program.

Part I: Requirements for ALL SAPT Block Grant-funded Programs

§ 96.127 Requirements Regarding Tuberculosis

- ☐ 1. The program directly, or through arrangements with other public or nonprofit private entities, routinely makes available the following TB services to each individual receiving treatment for substance abuse:
- (a.) Counseling the individual with respect to TB
 - (b.) Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual
 - (c.) Appropriate medical evaluation and treatment for individuals infected by mycobacteria TB

Comments: _____

- ☐ 2. For clients denied admission to the program on the basis of lack of capacity, the program refers such clients to other providers of TB services.

Comments: _____

-
-
- ☐ 3. The program has implemented infection control procedures that are consistent with those established by the Utah State Department of Health to prevent the transmission of TB and that address the following.

- (a.) Screening patients and identifying those individuals who are at high risk becoming infected
- (b.) Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2
- (c.) Case management activities to ensure that individuals receive such Services

Comments: _____

- ☐ 4. The program reports all individuals with active TB to the Department of Health as required by State law and in accordance with Federal and State confidentiality requirements, including 42 CFR part 2.

Comments: _____

§ 96.131 Treatment Services for Pregnant Women

- ☐ 5. The program gives preference in admission to pregnant women who seek or are referred for and would benefit from Block Grant-funded treatment services.

Comments: _____

- ☐ 6. If the program is an SAPT Block Grant-funded program that serves an injecting drug abusing population, the program gives preference to treatment in following order:

- (a.) Pregnant injecting drug users
- (b.) Other pregnant substance abusers
- (c.) Other injecting drug users
- (d.) All others

Comments: _____

- ☐ 7. The program refers pregnant women to the State when the program has insufficient capacity to provide services to any such pregnant women who seek the services of the program.

Comments: _____

- ☐ 8. The program makes interim services available within 48 hours to pregnant women who cannot be admitted because of lack of capacity.

Comments: _____

- ☐ 9. When appropriate, the program offers interim services that include, at a Minimum¹, the following:
- (a.) Counseling and education about HIV and TB, the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur
 - (b.) Referral for HIV or TB treatment services, if necessary
 - (c.) Counseling pregnant women on the effects of alcohol and other drug use on the fetus and referrals for prenatal care for pregnant women

Comments: _____

§ 96.132 Additional Requirements

- ☐ 10. The program makes continuing education in substance abuse treatment and prevention services available to employees who provide the services.

Comments: _____

¹ Interim services may also include federally approved interim methadone maintenance.

- ☐ 11. The program has in effect a system to protect patient records from inappropriate disclosure, and the system:

- (a.) Complies with all applicable State and Federal laws and regulations, including 42 CFR part 2
- (b.) Includes provisions for employee education on confidentiality requirements and the fact that disciplinary action may occur upon inappropriate disclosure

Comments: _____

Part III: § 96.126 Capacity of Treatment for Intravenous Drug Abusers

If the program treats injecting drug users, complete items (30.) through (37).

- ☐ 30. Within 7 days of reaching 90 percent of its treatment capacity, the program notifies the State whenever the program reaches 90 percent of its treatment capacity.

Comments: _____

- ☐ 31. The program admits each individual who requests and is in need of treatment for intravenous drug abuse:
- (a.) Not later than 14 days after making the request or
 - (b.) Within 120 days of the request if the program has no capacity to admit the individual, the program makes interim services available within 48 hours, and the program offers the interim services until the individual is admitted to a substance abuse treatment program

Comments: _____

32. When appropriate, the program offers interim services that include, at a minimum², the following:

- (a.) Counseling and education about HIV and TB, the risks of needle sharing, the risks of transmission to sexual partners and infants, the steps that can be taken to ensure that HIV and TB transmission does not occur
- (b.) Referral for HIV or TB treatment services, if necessary
- (c.) Counseling pregnant women on the effects of alcohol and other drug use on the fetus and referrals for prenatal care for pregnant women

Comments: _____

- ☐ 33. The program has established a waiting list that includes a unique patient identifier for each injecting drug abuser seeking treatment, including patients receiving interim services while awaiting admission.

Comments: _____

- ☐ 34. The program has a mechanism that enables it to:
- (a.) Maintain contact with individuals awaiting admission
 - (b.) Consult with the State's capacity management system to ensure that waiting list clients are admitted or transferred to an appropriate treatment program within a reasonable geographic area at the earliest possible time

Comments: _____

- ☐ 35. The program takes clients awaiting treatment for intravenous substance abuse off the waiting list only when such persons:
- (a.) Cannot be located for admission into treatment or
 - (b.) Refuse treatment

²Interim services may also include federally approved interim methadone maintenance.

Comments: _____

- ☐ 36. The program carries out activities to encourage individuals in need of treatment services for intravenous drug abuse to undergo such treatment by using scientifically sound outreach models such as those outlined below or, if no such models are applicable to the local situation, another approach which can reasonably be expected to be an effective outreach model:
- (a.) The standard intervention model as described in The NIDA Standard Intervention Model for Injection Drug Users: Intervention Manual, National AIDS Demonstration Research (NADR) Program, National Institute on Drug Abuse, (Feb. 1992)
 - (b.) The health education model as described in Rhodes, F., Humfleet, G.L. et al., AIDS Intervention Program for Injection Drug Users: Intervention Manual, (Feb. 1992)
 - (c.) The indigenous leader model as described in Wiebel, W., Levin, L.B., The Indigenous Leader Model: Intervention Manual, (Feb. 1992)

Comments: _____

- ☐ 37. The program ensures that outreach efforts (have procedures for):
- (a.) Selecting, training, and supervising outreach workers
 - (b.) Contacting, communicating, and following up with high-risk substance abusers, their associates, and neighborhood residents within the constraints of Federal and State confidentiality requirements
 - (c.) Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV
 - (d.) Recommending steps that can be taken to ensure that HIV transmission does not occur

Comments: _____

Part IV: § 96.124 Certain Allocations: (Required Services for Programs Receiving SAPT Block Grant Funds Set Aside for Pregnant Women and Women with Dependent Children)

If the program receives SAPT Block Grant funds set aside for special services for pregnant women and women with dependent children (including women attempting to regain custody of their children), complete items (38.) through (44.).

- ☐ 38. The program treats the family as a unit and, therefore, admits both women and their children into treatment services, if appropriate.³

Comments: _____

- ☐ 39. The program provides or arranges for primary medical care, including prenatal care, for women who are receiving substance abuse services.

Comments: _____

- ☐ 40. The program provides or arranges for child care while the women are receiving services.

Comments: _____

- ☐ 41. The program provides or arranges for primary pediatric care, including immunizations, for the women's children.

Comments: _____

- ☐ 42. The program provides or arranges for gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual abuse, physical abuse, and parenting.

³Such an admission may not be appropriate; however, if for example, the father of the child(ren) is able to adequately care for the child(ren).

Comments: _____

- ☐ 43. The program provides or arranges for therapeutic interventions for children in custody of women in treatment which may, among other things, address the children's developmental needs and their issues of sexual abuse, physical abuse, and neglect.

Comments: _____

- ☐ 44. The program provides or arranges for sufficient case management and transportation services to ensure that the women and their children have access to the services provided by (39.) through (43.) above.

Comments: _____

Part V: Optional Service Requirements for All SAPT Block Grant-funded Programs that Provide (Substance Abuse) Services to Women

The program provides pregnant women, women with dependent children, and their children, either directly or through linkages with community-based organizations, a comprehensive range of services that includes the following:

- ☐ 45. Case management to assist in establishing eligibility for public assistance programs provided by Federal, State, or local governments

Comments: _____

- ☐ 46. Employment and training programs

Comments: _____

☐ 47. Education and special education programs

Comments: _____

☐ 48. Drug-free housing for women and their children

Comments: _____

☐ 49. Prenatal care and other health care services

Comments: _____

☐ 50. Therapeutic day care for children

Comments: _____

☐ 51. Head Start

Comments: _____

☐ 52. Other early childhood programs

Comments: _____

Part VI: Substance Abuse Program Schedule Review

- ☐ 53 Adult ASAM Levels reflect appropriate hours of treatment services:
(Practice Guidelines, Appendix A, ASAM Levels of Service)

- | | |
|----------------|------------------------------|
| (a) ASAM I.0 | Up to 8 Hours per week |
| (b) ASAM II.1 | Over 9 Hours per week |
| (c) ASAM II.5 | Over 20 Hours per week |
| (d) ASAM III.1 | 5 hours programming per week |
| (e) ASAM III.3 | 24 Hour Staffing |
| (f) ASAM III.5 | 24 Hour Staffing |

Comments: _____

- ☐ 54. Adolescent ASAM Levels reflect appropriate hours of treatment services:

- | | |
|----------------|-----------------------------------|
| (a) ASAM I.0 | Up to 6 Hours per week |
| (b) ASAM II.1 | Over 6 Hours per week |
| (c) ASAM II.5 | Over 20 Hours per week |
| (d) ASAM III.1 | Over 5 hours programming per week |
| (e) ASAM III.5 | 24 hour staffing |

Comments: _____

- ☐ 55. Drug Testing Policies support programming levels
(Practice Guidelines, Para 9 C) b, Page 21)

Comments: _____

- ☐ 56. Provide for a comprehensive continuum of substance abuse services (UCA 62A-15-103).

Comments: _____

(a) Detoxification (24 Hour Care) Direct _____ Contract/refer _____

(b) Rehabilitation/Residential

- | | |
|-------------------------------|-----------------------------------|
| 1. Short-term (up to 30 days) | Direct _____ Contract/refer _____ |
| 2. Long-term (over 30 days) | Direct _____ Contract/refer _____ |

(c) Rehabilitation/Ambulatory

- | | | |
|-------------------------------|-------------|---------------------|
| 1. Outpatient (Methadone) | Direct_____ | Contract/refer_____ |
| 2. Outpatient (Non-Methadone) | Direct_____ | Contract/refer_____ |
| 3. Intensive Outpatient | Direct_____ | Contract/refer_____ |
| 4. Detoxification | Direct_____ | Contract/refer_____ |

(d) Other (e.g. Jail or other Correct. Facility) Direct_____ Contract/refer_____

Comments: _____

- ☐ 57. Include provisions for services, either directly or by contract, for adults, youth and children (including those incarcerated in a county jail or other county correctional facility) as required by UCA 17-43-201.

- | | | |
|------------|-------------|---------------------|
| (a) Adults | Direct_____ | Contract/refer_____ |
| (b) Youth | Direct_____ | Contract/refer_____ |

Comments: _____

- ☐ 58. Include provisions for persons convicted of driving under the influence in violation of Section 41-6a-502 or 41-6a-517, as required by UCA 17-43-201.

Comments: _____

VII. Additional requirements

- ☐ 59. Training
- (a) Drug Court: Each key program member attended 8 hours of continuing education with a focus on substance abuse in the past year:

(b) Women's Treatment: Programs provide for Women's Specific Training and/or Certification for Women's Treatment Staff.

(c) Adolescent Treatment: Programs provide for Adolescent Specific Training and/or Certification for Adolescent Treatment Staff.

Comments: _____

VIII. Justice Services Programs:

- ☐ 60. Drug Courts
- (a) Fees are assessed on a sliding fee scale:
 - 1. Treatment Fees:
 - 2. Court Fees:
 - 3. Drug Testing Fees:
 - 4. Program Fees:

Comments: _____

- (b) Drug Testing is conducted:
 - 1. A minimum of 2 times per week initially – per participant
 - 2. Decreases with abstinence
 - 3. A minimum of twice per month if not active – per participant
 - 4. Is directly observed
 - 5. Participants sign a chain of custody
 - 6. Drug Testing is Random

Comments: _____

- (c) Incentives and Sanctions offer immediate consequences for identified behavior, provide for a broad array of consequences, are appropriate for the behavior and participant circumstances

Comments: _____

IX. Data Requirements:

Substance Abuse Treatment Performance Measures FY 2010: Achievement of these measures will be reviewed in the FY 2011 Audit visit.

- ☐ 61. Retention in Treatment: Local Substance Abuse Authorities will meet or exceed their FY2009 treatment retention in FY 2010 and will work towards achieving a goal of 70%. Local Substance Abuse Authorities whose FY 2009 retention rate was over 70% are required to meet or exceed a 70% retention rate in FY2010. Retention is defined as the percentage of clients who remain in treatment over 60 days.

Comments: _____

- ☐ 62. Successful Treatment Episode Completion: Local Substance Abuse Authorities will meet or exceed their FY2009 Successful Treatment Episode Completion rates in FY 2010 and will work towards achieving a goal of 60%. Local Substance Abuse Authorities whose FY 2009 completion rate was over 60% are required to meet or exceed a 60% completion rate in FY2010. Successful Treatment Episode Completion is defined as a successful completion of an episode of treatment without a readmission within 30 days. An episode of treatment is as defined in the Treatment Episode Data Set.

Comments: _____

- ☐ 63. Abstinence from Alcohol. Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are Abstinent from Alcohol from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from Alcohol is defined as no alcohol use for 30 days.

Comments: _____

- ☐ 64. Abstinence from Drugs. The Local Substance Abuse Authorities' Outcome Scorecard will show that they increased the percentage of clients who are Abstinent from Drugs from admission to discharge at a rate that is greater than or equal to 75% of the National Average. Abstinence from drugs is defined as no drug use for 30 days.

Comments: _____

- ☐ 65. Decrease in Criminal Activity. Local Substance Abuse Authorities' Outcome Scorecard will show that they decreased the percentage of their clients who were involved in Criminal Activity from admission to discharge at a rate greater to or equal to 75% of the national average. Criminal Activity is defined as being arrested within the past 30 days.

Comments: _____

| TREATMENT CASE FILE REVIEW SFY '11 | |
|---|--------|
| Case Number: | |
| Confidentiality | |
| a. Consent form found in file (only required if information released) is complete, has statement that consent is subject to revocation, is signed and has complete information. | YES NO |
| b. <i>Signature of patient and guardian if minor and date signed *</i> | YES NO |
| c. Acknowledgement of receipt of Privacy statement present, signed and witnessed. | YES NO |
| Assessment | |
| a. Assessment includes comprehensive, research-based instrument (ASI or other approved instrument). | YES NO |
| b. Interview with and Signature of Licensed Mental Health Therapist | YES NO |
| c. Assessment includes: | |
| 1. Evaluation and documentation of current and historical alcohol and other drug issues | YES NO |
| 2. Evaluation and documentation of medical issues | YES NO |
| 3. Evaluation and documentation of legal issues. | YES NO |
| 4. Evaluation of psychiatric and psychological problems <i>and learning disabilities.*</i> | YES NO |
| 5. Evaluation of family functioning and peer group issues. | YES NO |
| 6. Evaluation of readiness to change. | YES NO |
| 7. Five axis diagnosis present, including diagnosis of substance abuse disorder. | YES NO |
| 8. Completed within 3 days of admission or 3 sessions (except detox) | YES NO |
| ASAM placement criteria documentation. | |
| a. ASAM Placement Documentation includes justification for each dimension. | YES NO |
| b. Actual ASAM Level of Care Placement justified if different than recommended Level of Care. | YES NO |

| | | |
|--|-----|----|
| c. ASAM reviews conducted at appropriate intervals (14 days for high intensity residential, 30 days low intensity, 60 days for IOP or Day TX, 90 days for general outpatient) or at changes in ASAM level. | YES | NO |
| Treatment Plan | | |
| a. Evidence of Client/Patient participation in development of Treatment Plan. | YES | NO |
| b. The treatment plan is individualized and based on the needs identified in the assessment. All major issues identified in assessment are addressed in appropriate treatment problems. | YES | NO |
| c. Treatment plan goals are <i>developmentally appropriate</i> * and relate to and address identified problems. | YES | NO |
| d. Objectives are measurable, achievable and reflect <i>developmentally</i> * appropriate activities. | YES | NO |
| e. Objectives related to and support progress towards achievement of goals. | YES | NO |
| Case Number: | | |
| Treatment Plan | | |
| f. Treatment Plan Reviews conducted at appropriate intervals (14 days for high intensity residential, 30 days low intensity, 60 days for IOP or Day TX, 90 days for general outpatient) or at changes in ASAM level. | YES | NO |
| g. ASAM and treatment reviews done at same time and are consistent. | YES | NO |
| h. Treatment review shows client progress through treatment by accomplishment of objectives and development of new ones. | YES | NO |
| i. Signature of an appropriately licensed professional on plan and reviews. | YES | NO |
| j. <i>Evidence of family involvement in treatment.</i> * | YES | NO |
| Co-occurring Treatment (baseline information) | | |
| a. Co-occurring issue identified in Assessment | YES | NO |
| b. If identified in assessment, Co-occurring diagnosis present. | YES | NO |
| c. If identified in assessment, addressed in treatment plan. | YES | NO |
| Progress Notes | | |
| a. Every contact documented. | YES | NO |
| b. Notes include the date, duration and type of intervention. | YES | NO |

| | | |
|---|-----|----|
| c. Progress notes document progress on treatment plan problems, goals and objectives. | YES | NO |
| d. Notes reflect behavioral changes as well as changes in attitudes and beliefs. | YES | NO |
| e. Signed/approved by appropriate counselor/mental health therapist. | YES | NO |
| f. Progress reports and letters submitted as required and are individualized to reflect client progress. | YES | NO |
| <u>Gender and Cultural Specificity</u> | | |
| Treatment record reflects cultural and gender specificity in treatment. | YES | NO |
| <u>Discharge Planning/Continuity of care</u> | | |
| a. Discharge summary includes the diagnosis, the extent to which established goals and objectives were achieved, services provided, reason for discharge or referral, and recommendations for additional service. | YES | NO |
| b. Signature and title of an appropriately licensed professional. | YES | NO |
| c. Referrals and follow-up care provided (preferred). | YES | NO |

* *Italics indicate adolescent requirements*

**UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK
GRANT FINANCIAL MONITORING CHECKLIST**

| | |
|--------------------------|--|
| Program Name | |
| Reviewer Name | |
| Date(s) of Review | |

§ 96.135 Restrictions on the Expenditure of the Grant

- ☐ 12. The program does not expend SAPT Block Grant funds to provide inpatient hospital substance abuse services, except in cases when each of the following conditions is met:
- (a.) The individual cannot be effectively treated in a community-based, nonhospital, residential program
 - (b.) The daily rate of payment provided to the hospital for providing the services does not exceed the comparable daily rate provided by a community-based, non-hospital, residential treatment program
 - (c.) A physician makes a determination that the following conditions have been met:
 - (i.) The primary diagnosis of the individual is substance abuse, and the physician certifies the fact
 - (ii.) The individual cannot be safely treated in a community-based, nonhospital, residential treatment program
 - (iii.) The service can reasonably be expected to improve the person's condition or level of functioning
 - (iv.) The hospital-based substance abuse program follows national standards of substance abuse professional practice
 - (d.) The service is provided only to the extent that it is medically necessary (e.g., only for those days that the patient cannot be safely treated in a residential, community-based program)
- ☐ 13. The program does not expend SAPT Block Grant funds to purchase or

improve land; purchases, construct, or permanently improve (other than minor remodeling) any building or other facility; or purchase major medical equipment.

- ☐ 14. The program does not expend SAPT Block Grant funds to satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- ☐ 15. The program does not extend SAPT Block Grant funds to provide financial assistance to any entity other than a public or nonprofit, private entity.
- ☐ 16. The program does not expend SAPT Block Grant funds to make payments to intended recipients of health services.
- ☐ 17. The program does not expend SAPT Block Grant funds to provide individuals with hypodermic needles or syringes.
- ☐ 18. The program does not expend SAPT Block Grant funds to provide treatment services in penal or correctional institutions of the State (THIS STIPULATION CAN BE CHANGED IF THE STATE IS ABLE TO DETERMINE THAT IT SPENT BLOCK GRANT FUNDS TO PROVIDE TREATMENT SERVICES IN PENAL OR CORRECTIONAL INSTITUTIONS OF THE STATE IN AN AMOUNT THAT DID NOT EXCEED AN AMOUNT PRESCRIBED BY SECTION 1931 (A)(3) OF THE PUBLIC HEALTH SERVICES ACT).

Comments: _____

§ 96.137 Payment Schedule

- ☐ 19. The program uses SAPT Block Grant funds for special services for pregnant women and women with dependent children, TB services, and HIV early intervention services as the "payment of last resort," and the program makes every reasonable effort to do the following:
- (a.) Collect reimbursement for the costs of providing such services to persons entitled to insurance benefits under the Social Security Act, including programs under title XVII and title XIX; any State compensation program, any other public assistance program for

medical expenses, any grant program, any private health insurance, or any other benefit program

- (b.) Secure from patients or clients payments for services in accordance with their ability to pay

Comments: _____

Single State Audit

- ☐ 20. If the program has \$500,000 or more in Federal expenditures during the program's fiscal year, the program receives a single State audit.
- ☐ 21. If the program is a non-Federal entity with \$500,000 or more in Federal expenditures, the program had a program-specific audit only when both of the following conditions were met:
- (a.) The expenditures are under only one Federal program
- (b.) The Federal program does not require an A-133 audit
- ☐ 22. If the program is a non-Federal entity that expends less than \$500,000 during the program's fiscal year, the program retains records to support expenditures, and the program makes those records available for review or audit by appropriate officials of the Federal Agency, the pass-through entity, and the General Accounting Office.

Salary Limitation

- ☐ 23. The program does not use the SAPT Block Grant to pay salaries in excess of Level I of the Federal Senior Executive pay scale.

Part II: Charitable Choice Requirements

If the program is a religious organization/faith-based program, check items (24.) through (29.).

- ☐ 24. The organization does not use SAPT Block Grant funded for activities involving worship, religious instruction, or proselytization.

- ☐ 25. In delivering Block Grant-funded services, including outreach activities, the organization does not discriminate against current or prospective program participants based on:
- (a.) Religion
 - (b.) Religious belief
 - (c.) Refusal to hold a religious belief
 - (d.) Refusal to actively participate in a religious practice
- ☐ 26. Otherwise eligible clients who object to the religious character of SAPT Block Grant-funded services are referred to alternative providers within a reasonable period of time of the objection.
- ☐ 27. The organization uses generally accepted auditing and accounting principles to account for SAPT Block Grant funds.
- ☐ 28. The organization segregates Federal funds from non-Federal funds.
- ☐ 29. The organization subjects Federal funds to an audit by the government.

Child, Youth, and Family Mental Health

Managers Discussion: The Children, Youth & Families (CYF) will meet via telemedicine video conference if possible, or by conference call if teleconferencing is not available, with the managers who work with children, youth and families and a representative of the executive management team when appropriate. The Family Resource Facilitator should participate in this meeting, and The Local Authority is also welcome to participate. In this meeting we will discuss the FY10 site visit findings and agency responses, mandated services, statistics, Area Plan, Mental Health Scorecard, Youth Outcome Measures, coordination of care, FRF/Mentor program, implementation of Wraparound services to fidelity, and the Multi-Agency Coordinating Committee. This discussion should be held following chart reviews.

Chart Review: The CYF team will review 8 - 24 charts per CMHC. The number of charts requested from a particular CMHC will be based on the number of clients the center serves. The centers should provide access to charts either electronically or via printed copies of the requested documents as outlined. If the agency has multiple locations where services are delivered to children, youth, and families, the charts submitted should be representative of all service delivery sites.

Family Feedback: Two to four weeks prior to the site visit, the Family Resource Facilitator (FRF) under the guidance of the Family Mentor, and in conjunction with the CMHC, will distribute questionnaires to family members and/or other caretakers of children/youth currently in care (or discharged within the past 6 months) or families being served by the FRF. Questionnaires should be distributed to families throughout your catchment area and will be returned to the FRF or mailed directly to the Family Mentor.

Monitoring for Children, Youth & Families Mental Health

The FY11 site visit will focus on three areas of review. Please be prepared to participate in the following activities:

1. Managers Discussion held via teleconference (or conference call, if teleconference is not possible) This discussion should be held following chart reviews (1.5 hours).

Participants:

- Managers who work with children, youth and families
- Representative of the executive management team when appropriate
- Family Resource Facilitator
- Family Mentor

The site visit team will review:

- FY10 site visit findings and agency responses,
- Center's provision of the 10 mandated services
- Area Plan
- Mental Health Scorecard
- Youth Outcome Measures
- FRF/Mentor program
- Implementation of Wraparound services to fidelity
- Multi-Agency Coordinating Committee.

2. Chart Reviews:

The CYF team is requesting that 10 charts be pulled for review. Charts should be selected from open caseloads, and be representative of the range of ages served by the agency. If the agency has multiple locations where services are delivered to children, youth, and families, the charts submitted should be representative of all service delivery sites (6 hours).

All chart reviews will focus on:

- Original assessment
- Most recent assessment update
- Case management needs assessment
- Current diagnosis
- Original treatment plan
- Treatment plan reviews (two most recent treatment plan reviews and all treatment plans or reviews from other programs completed in the previous 6 months)
- Last 30 days of notes (all progress and provider notes)

3. Family Feedback

Two to four weeks prior to the site visit, the Family Resource Facilitator (FRF) under the guidance of the Family Mentor, and in conjunction with the CMHC, will distribute questionnaires to family members and/or other caretakers of children/youth currently in care (or discharged within the past 6 months) or families being served by the FRF. Questionnaires should be distributed to families throughout your catchment area and will be returned to the FRF or mailed directly to the Family Mentor.



Utah Family Coalition

Children, Youth and Family Questionnaire

Instructions: This is an opportunity for you to give meaningful feedback to the State of Utah Division of Substance Abuse and Mental Health about your experience with the local mental health center. We are offering a \$5 Gift Card to the first 10 people who return a completed questionnaire in the enclosed self-addressed, stamped envelope. The information is being gathered by the Utah Family Coalition and will be summarized, without identifying information, to the Division of Substance Abuse and Mental Health in report form.

1. If there were barriers for you in your efforts to access care at your local mental health center, what were they? (Please check all that apply)
 - ☐ Funding (private insurance, non-Medicaid, private pay and couldn't afford co-pays, etc.)
 - ☐ Transportation to and from local mental health center
 - ☐ Employees at the mental health center were not helpful
 - ☐ Had trouble getting through the phone system at the mental health center
 - ☐ Appointment times/days offered did not meet our family's needs
 - ☐ Other barriers? Please explain _____
2. At the time of your initial call to the mental health center, would you say that your first appointment was made:
 - ☐ within 24 hours
 - ☐ within 5 days (1 week)
 - ☐ within 15 days (3 weeks)
 - ☐ more than 3 weeks
 - ☐ could not get an appointment
3. Would you say that your wait time between appointments is:
 - ☐ Satisfactory
 - ☐ Too long between appointments
 - ☐ N/A

4. If you were referred for medication management at the mental health center, would you say that you were able to set an appointment within:
- ☐ less than 2 weeks
 - ☐ 2 to 4 weeks
 - ☐ 4 weeks or more
 - ☐ could not get an appointment
5. Would you say that the level of coordination of care between the local mental health center and primary care or family doctors has been:
- ☐ Excellent, they are in touch on a regular basis
 - ☐ Good, they are in touch on an as-needed basis
 - ☐ Poor, they never talk to each other
6. Have you had a voice in your child's recovery/treatment planning process?
- ☐ Yes, I am an integral member of the team that makes decisions
 - ☐ I don't feel my comments are being listened to.
 - ☐ No, I don't get asked about my child's needs
7. Does your child have a crisis/safety plan?
- ☐ Yes ☐ No
- If yes, please check all that apply:**
- ☐ Did you participate in the development
 - ☐ Do you have a copy for your home
 - ☐ Is it a plan shared across most agencies your child is involved with (i.e., school, DCFS, courts, etc.)
 - ☐ My crisis/safety plan has been helpful
 - ☐ My crisis/safety plan has not been helpful
- Comment: _____
- _____
8. Would you say that the Youth Outcomes Questionnaire (YOQ) that is administered every 30 days: (please check all that apply)
- ☐ My therapist discusses the results with us
 - ☐ My therapist uses this in recovery/treatment planning
 - ☐ Is helpful in my child's recovery progress
 - ☐ Is somewhat helpful
 - ☐ Is not helpful at all
 - ☐ I don't understand its purpose.

9. What are two strengths of the mental health center?

- 1.
- 2.

10. What are two things that the mental health center could do to better meet your needs?

- 1.
- 2.

11. What are the three community services that helped you most?

12. What are three services you wish that your community had?

13. Were you referred to a Family Resource Facilitator?

_____ Yes _____ No

If yes, was it helpful?

_____ Yes _____ No

If yes, name two things that the Family Resource Facilitator has done for your family that was helpful.

- 1.
- 2.

We always welcome additional comments:

(Optional: please provide the following information for the \$5 gift card)

Name _____

Address _____

APPENDIX A

Statutory Mandated Services Review For Children and Youth Services

Methods: Program Reviews, Record Reviews, and Stakeholder Discussion/Focus Groups
Reviewers:

Section 17-52-505 reads: "Each plan under Subsection (4)(a)(ii) shall include services for adults, youth and children, which shall include:"

| Mandated Service | Provided By | Compliance* | | | Quality Indicators |
|--|-------------|-------------|---|---|--------------------|
| | | Y | N | P | |
| Inpatient Care | | | | | |
| Residential Care | | | | | |
| Outpatient Care | | | | | |
| 24-hour Crisis Care | | | | | |
| Psychotropic Medication Management | | | | | |
| Psychosocial rehab, including vocational training and skills development | | | | | |
| Case Management | | | | | |
| Community supports, including in-home services, housing, family support services, and respite services | | | | | |
| Consultation and education services, including case consultation, collaboration with other county service agencies, public education, and public information | | | | | |
| Services to persons incarcerated in a county jail or other county correctional facility | | | | | |
| Summary | | | | | |

*Y= Yes. Full compliance N= No Compliance P= Partial Compliance N/R= Not Rated

____/38 = %____

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
Children, Youth & Families Chart Review

Center: _____ Site: _____ Center Designee: _____

Division Reviewer: _____ Date: _____

Chart Information

ID #: _____ Medicaid: _____ Yes _____ No

Age: _____ Gender: _____ Male _____ Female

When clinically indicated, does the chart contain individualized Crisis/Safety Plan? ☐ Yes ☐ No ☐ NA

Is the Crisis/Safety Plan available electronically? ☐ Yes ☐ No

Frequency of YOQ administration _____

Is YOQ information incorporated into the clinical process? ☐ Yes ☐ No

Atypical medication prescribed? ☐ Yes ☐ No Comments: _____

Holistic, Person Centered, Strength Based Assessment

Current Diagnosis:

AXIS I: _____

AXIS II: _____

AXIS III: _____

AXIS IV: _____

AXIS V: _____

Symptoms _____

| Observed | Not Observed | NA | Assessment identifies: |
|----------|--------------|----|--|
| | | | 1. Assessment Updated Within Last Year |
| | | | 2. Child/Youth Strengths |
| | | | 3. Family's Strengths |
| | | | 4. How the Child/Youth Spends His/Her Free Time |
| | | | 5. Natural and Informal Supports |
| | | | 6. Child/Youth School Functioning |
| | | | 7. Quality of Relationships: |
| | | | • Family/Guardian (Immediate and Extended) |
| | | | • Peers |
| | | | 8. Assessed for Co-occurring Disorders |
| | | | 9. Child, Youth & Family Basic Needs (Food, Housing, Clothing, etc.) |
| | | | 10. Child/Youth Medical Needs Assessed/Linked to Care |

Holistic, Person Centered, Strength Based Recovery Plan

Date of Last Recovery Plan: _____

Date of Last Significant Change in Recovery Plan: _____

| | |
|--|---|
| Recovery Planning Participants | <input type="checkbox"/> Child/Youth <input type="checkbox"/> Family Member(s) <input type="checkbox"/> Family Team Member(s) |
| Active youth participation in recovery planning (when developmentally appropriate)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Goals | |
| Child/Youth's Life Goals | <input type="checkbox"/> In Child's or Youth's Own Words |
| Service Treatment Goals | <input type="checkbox"/> Tied to Symptoms & Diagnosis |
| Discharge Planning | |
| <input type="checkbox"/> Describes Conditions of Child/Youth When Ready for Discharge | |
| Barriers (Behaviors, Symptoms or Life Situations) | |
| <input type="checkbox"/> Logically Impedes Goals | |
| Strengths | |
| <input type="checkbox"/> Used to Address Barriers or help obtain goals | |
| Objectives | |
| <input type="checkbox"/> Used to Reduce Barriers or help obtain goals | |
| Interventions | |
| Quantity & Duration of Service: <input type="checkbox"/> At Clinically Indicated Levels | |

FY 2011 Mental Health Adult Team Monitoring Tool

- ☐ **Center's Response to Last Year's Report**
 - Update on center's corrective action plan
- ☐ **Area Plan**
- ☐ **Person-Centered Planning**
 - Policy regarding use of person-centered plans
- ☐ **Strengths-Based Assessments**
 - Policy regarding strengths-based assessments
- ☐ **Use of OQ**
 - Policy describing how OQ is incorporated into treatment planning process.
- ☐ **Ten Mandated Services**
 - Identify changes to area plan
- ☐ **Use of \$2.7 Million**
 - Submit a summary of specific activities related to use of unfunded monies
- ☐ **Wellness**
 - Submit policies and activities directly related to the division directive
- ☐ **Chart Reviews**
 - Access to or copy of consumers' files
 - Original Assessment
 - CM Assessments
 - Recent assessment update
 - Diagnosis
 - Treatment plan
 - Most recent and all treatment plans from the last 6 months
 - Treatment plan review

- Last 90 days' notes (all progress and provider notes)

☐

Scorecard

- Submit a written explanation of indicators that fall 30% greater or lower than the state averages

☐

Tobacco Free Treatment Environments

- Policies and/or activities per the division's directive

☐

Consumer Satisfaction

- Policy regarding consumer input into treatment and programming

☐

Complaint Process

- Submit a copy of the center's policy that complies with Medicaid provider contract Attachment B, Article XI, J

☐

REDI Report

- Submit policy for discharge planning from USH

☐

CIT

- Submit a description of the current activities related to CIT or plans to support CIT

☐

Family/Advocate Involvement

- Policy regarding the use of input from family and mental health advocacy groups

☐

PATH Grant

☐

PASRR

2011 Adult Mental Health Internal Monitoring Guide

| Ten Mandated Services | Follow-up on Prior Findings | Treatment Progress Review | Person-Centered Treatment Plans |
|---|--|--|---|
| <p>17-43-301(4)(b)</p> <ul style="list-style-type: none"> i) inpatient care and services; (ii) residential care and services; (iii) outpatient care and services; (iv) 24-hour crisis care and services; (v) psychotropic medication management; (vi) psychosocial rehabilitation, including vocational training and skills development; (vii) case management; (viii) community supports, including in-home services, housing, family support services, and respite services; (ix) consultation and education services, including case consultation, collaboration with other county service agencies, public education, and public information; and (x) services to persons incarcerated in a county jail or other county correctional facility. <p>Mechanism of Review</p> <ul style="list-style-type: none"> - Division staff review submitted LMHA Area Plan - Agency Organizational Chart - Monthly treatment schedules i.e. groups/classes etc. - Telephone/video interviews with agency administrators - interviews with consumers (unable to accomplish in FY 2011) - Review of provider scorecard - Review of symptom levels OQ and current status of diagnosis - Review of Treatment Need Estimates - Review of current client cost scorecard - Review of local jail data - Review of local hospital data <p>Findings may be issued if:</p> <ul style="list-style-type: none"> -Significant non-compliance to LMHA's area plan is identified | <p>LMHA Contract Section E, Subsection 4(g) Corrective Action. The Local Authority shall comply with the terms of any corrective action plan required by DHS/DSAMH.</p> <p>Mechanism of Review</p> <ul style="list-style-type: none"> -Review of prior years audit report and LMHA's adherence to their written response. <p>Findings may be issued:</p> <ul style="list-style-type: none"> -if LMHA has not complied with written corrective plan of action | <p>Utah Medicaid Provider Manual, Section 2, Mental Health Centers 1-8-E:</p> <p>Treatment plan reviews shall be documented in detail in the client's record and include:</p> <ol style="list-style-type: none"> 1. the date and duration of the service; 2. the specific service rendered (i.e., treatment plan review); 3. a written update of progress toward established treatment goals, the appropriateness of the services being furnished, and the need for the client's continued participation in the program; and 4. the signature and licensure of the individual who rendered the service. <p>Mechanism of Review</p> <ul style="list-style-type: none"> - Random draw of files that represent all treatment program -Remote access to EMR, or copies sent to the division in advance of the review date either hard copy or through secure GroupWise email. - Division staff review progress notes in consumer files - Review these element in context of overall documentation "the Golden Thread" (unable to accomplish in FY 2011) <p>Findings may be issued if:</p> <ul style="list-style-type: none"> - 30% of files reviewed are not compliant with Medicaid requirements | <p>LMHA Contract, Page 2, Recitals, (6): Pursuant to Utah Code § 62A-15-103 DHS/DSAMH is authorized to monitor the Local Authority's use and management of these public funds; to oversee its governance of the programs in the Local Authority's area; and to review the Local Authority's compliance with laws, policies, audit requirements, contract requirements and DHS/DSAMH directives... Division Directives, B, iv, a-l</p> <p>Mechanism of Review</p> <ul style="list-style-type: none"> - Random draw of files that represent all treatment programs. -Remote access to EMR or copies sent to the division in advance of the review date either hard copy or through secure GroupWise email. - Review these element in context of overall documentation "the Golden Thread" (unable to accomplish in FY 2011) <p>Findings may be issued if:</p> <ul style="list-style-type: none"> - Treatment Plans do not contain the elements set out in the directive -30% or more of the consumers interviewed do not understand the goals and objectives in their treatment plans (unable to accomplish in FY 2011). |

| Outside Agencies (unable to accomplish in FY 2011) 62A-15-103(2)(c)(iii) The division shall: promote and establish cooperative relationships with courts, hospitals, clinics, medical and social agencies, public health authorities, law enforcement agencies, education and research organizations, and other related groups. | Tobacco Free Treatment Environments LMHA Contract, Page 2, Recitals, (6): Pursuant to Utah Code § 62A-15-103 DHSIDSAMH is authorized to monitor the Local Authority's use and management of these public funds; to oversee its governance of the programs in the Local Authority's area; and to review the Local Authority's compliance with laws, policies, audit requirements, contract requirements and DHS/DSAMH directives... Division Directives, B, iv, b Local Authorities will determine the feasibility of tobacco free treatment environments in three years. In year One: 1. Conduct an assessment of the use of tobacco products in consumer and staff. 2. Conduct an assessment of the use of tobacco products in, on, or near treatment environments. 3. Comprehensive evaluation of current policies regarding tobacco. (i.e. designated smoking areas, is smoking listed as a axis 1 diagnosis, do program schedules include smoking cessation classes, do consumers and staff have access to nicotine replacement therapies, etc) 4. Complete the above and submit a written report to DSAMH by June 30, 2011. Mechanism of Review -LMHA to submit policy and description of activity of compliance to this directive Findings may be issued: -if policy and data is inconsistent with the timeline of this Division Directive | Wellness LMHA Contract, Page 2, Recitals, (6): Pursuant to Utah Code § 62A-15-103 DHSIDSAMH is authorized to monitor the Local Authority's use and management of these public funds; to oversee its governance of the programs in the Local Authority's area; and to review the Local Authority's compliance with laws, policies, audit requirements, contract requirements and DHS/DSAMH directives... Division Directives, B, v, a-j Mechanism of Review -LMHA submit for review all policies regarding wellness - Review labs, referrals and communications with primary care providers (unable to accomplish in FY 2011). - Chart review for evidence of compliance to LMHA's wellness policies - Division staff conducts interviews with consumers (unable to accomplish in FY 2011). - Review of wellness domain on the consumer satisfaction survey. Findings may be issued if: - LMHA policies do not meet the elements of the division directive - Evidence of non-compliance with LMHA policies is found - Unsatisfactory (red) results on the consumer satisfaction survey wellness domain. Less than 95% of the provider's prior year results. | Assessments and Annual Updates LMHA Contract, Page 2, Recitals, (6): Pursuant to Utah Code § 62A-15-103 DHSIDSAMH is authorized to monitor the Local Authority's use and management of these public funds; to oversee its governance of the programs in the Local Authority's area; and to review the Local Authority's compliance with laws, policies, audit requirements, contract requirements and DHS/DSAMH directives... Division Directives, B, iii, a-e Mechanism of Review - Random draw of files that represent all treatment programs. -Per division's decision for access in FY 2011. -Interviews with consumers regarding their understanding of what is in their treatment plans (unable to accomplish in FY 2011). - (Annual Updates) Review of service data for intake assessment and compliance with yearly update. - Review these element in context of overall documentation "the Golden Thread" (unable to accomplish in FY 2011) Findings may be issued if: - Assessments do not contain the elements set out in the directive - 30% or more of the clients do not have assessments or yearly updates reported to the Division. |
|--|---|--|--|
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| (\$2.7 Million) Unfunded | OQ | Consumer Satisfaction | Complaint Process |
|--|--|--|---|
| <p>LMHA Contract, Page 2, Recitals, (6): Pursuant to Utah Code § 62A-15-103 DHSIDSAMH is authorized to monitor the Local Authority's use and management of these public funds; to oversee its governance of the programs in the Local Authority's area; and to review the Local Authority's compliance with laws, policies, audit requirements, contract requirements and DHS/DSAMH directives...</p> <p>Division Directives, B, ii, a-b</p> <p>Mechanism of Review</p> <ul style="list-style-type: none"> - Division staff will review financial and utilization data to determine adherence to the area plan. <p>Findings may be issued if:</p> <ul style="list-style-type: none"> - Evidence of non-compliance to services described in the LMHA area plan is found | <p>LMHA Contract, Page 2, Recitals, (6): Pursuant to Utah Code § 62A-15-103 DHSIDSAMH is authorized to monitor the Local Authority's use and management of these public funds; to oversee its governance of the programs in the Local Authority's area; and to review the Local Authority's compliance with laws, policies, audit requirements, contract requirements and DHS/DSAMH directives...</p> <p>Division Directives, E, iv, a-e</p> <p>Mechanism of Review</p> <ul style="list-style-type: none"> - LMHA submit all policies regarding the use of the OQ - Division staff will review charts to determine adherence to LMHA policies - Division staff interview program managers - Review of OQ scorecard <p>Findings may be issued if:</p> <ul style="list-style-type: none"> - if policy submitted in not in compliance with the division directive - Evidence of non-compliance to LMHA policy is found - Any reduction in the percent of clients participating - Less than 50% of clients participating | <p>LMHA Contract, Page 2, Recitals, (6): Pursuant to Utah Code § 62A-15-103 DHSIDSAMH is authorized to monitor the Local Authority's use and management of these public funds; to oversee its governance of the programs in the Local Authority's area; and to review the Local Authority's compliance with laws, policies, audit requirements, contract requirements and DHS/DSAMH directives...</p> <p>Division Directives, E, iii, a, 1-3</p> <p>Mechanism of Review</p> <ul style="list-style-type: none"> - Review of the consumer satisfaction scorecard - Review LMHA's policy regarding consumer input into treatment and programming - Division staff conducts interviews with consumers (unable to accomplish in FY 2011).. <p>Findings may be issued if:</p> <ul style="list-style-type: none"> - a statistically significant pattern of dissatisfaction are identified - unsatisfactory (red) results on the consumer satisfaction survey - insufficient sample rate | <p>Medicaid Provider Contract, Attachment B, Article XI, J</p> <p>The Contractor will establish and implement written policies and procedures for maintaining complete records of all Appeals and Grievances and submit semi-annual reports summarizing Appeals and Grievances using Department- specific reporting templates.</p> <p>Mechanism of Review</p> <ul style="list-style-type: none"> - LMHA submit their policy for adherence to the above Medicaid requirement. - LMHA submit the report they prepare for Medicaid from the previous fiscal year - Interviews with consumers (unable to accomplish in FY 2011) <p>Findings may be issued if:</p> <ul style="list-style-type: none"> - a significant pattern of non-responsiveness to consistent complaints is observed |

| | | | |
|---|---|--|--|
| <p>Data</p> <p>R523-1-9(3) The Division of Substance Abuse and Mental Health, in collaboration with the local Mental Health Authorities and their providers, shall assess service effectiveness (outcomes) and efficiency (productivity) and report the results in an annual report. This report or reports shall contain data results on effectiveness and efficiency for the previous year, and a plan for assessing these variables for the following year.</p> <p>Mechanism of Review - Division staff review submitted LMHA data</p> <p>Findings may be issued for: - performance indicators greater than 30% of state mediums or when reporting 0 in a mandated service (Dori, please add language of clarification on meets or exceeds) - Inaccurate reporting of data</p> | <p>Utah State Hospital</p> <p>R523-1-3(4) The Division shall oversee the continuity of care for services provided to consumers and resolve conflicts between the Utah State Hospital (USH) and LMHA, and also those between LMHA's.</p> <p>Mechanism of Review - REDJ Report (review comments from liaisons and hospital staff) - Review of the LMHA's policy regarding discharge planning from the USH.</p> <p>Findings may be issued: - When 30% of discharges exceed 30 days past discharge readiness.</p> | <p>Civil Commitment (unable to accomplish in FY 2011). Pursuant to 62A-15-631(11)(c) The local mental health authority or its designee responsible for the care of a patient under an order of commitment for an indeterminate period, shall at six-month intervals reexamine the reasons upon which the order of indeterminate commitment was based. If the local mental health authority or its designee determines that the conditions justifying that commitment no longer exist, that local mental health authority or its designee shall discharge the patient from its custody and immediately report the discharge to the court...</p> <p>Mechanism of Review - Review LMHA policy and data from previous fiscal year for tracking and discharge from commitment (at a minimum this should include date the commitment was initiated and disposition of the consumer at discharge form commitment i.e. no longer in need of treatment, engaged in treatment voluntarily, were bouts unknown, or other) - Division will randomly select cases that had civil commitment, and were discharged, for review.</p> <p>Findings may be issued: -if policy and data is inconsistent with statute</p> | <p>Staff Input Agency's Performance</p> <p>LMHA Contract, Page 2, Recitals, (6): Pursuant to Utah Code § 62A-15-103 DHSIDSAMH is authorized to monitor the Local Authority's use and management of these public funds; to oversee its governance of the programs in the Local Authority's area; and to review the Local Authority's compliance with laws, policies, audit requirements, contract requirements and DHS/DSAMH directives...</p> <p>Mechanism of Review - Survey Monkey questionnaire designed by Division staff regarding agencies overall performance - Agency staff will be invited to participate anonymously</p> <p>No findings will be issued, but the Division will follow through with its obligation to investigate any reports of gross misconduct.</p> |
|---|---|--|--|

| CIT | Family/Advocate Involvement | Tour of Treatment Environments (unable to accomplish in FY 2011) 17-43-301(4)(b) | |
|--|--|---|--|
| <p>Pursuant to a request from the Utah Mental Health Planning and Advisory Council for all LMHA to participate in CIT Training.</p> <p>Mechanism of Review</p> <ul style="list-style-type: none"> - LMHA submit a description of current involvement with CIT or Plans to become involved with CIT. <p>Findings will not be issued for non-involvement with CIT</p> | <p>Pursuant to R523-1-20. Family Involvement.</p> <p>(1) Each mental health authority shall annually prepare and submit to the Division of Substance Abuse and Mental Health a plan for mental health funding and service delivery. Included in the plan shall be a method to educate families concerning mental illness and to promote family involvement when appropriate, and with patient consent, in the treatment program of a family member.</p> <p>(2) The State Division of Substance Abuse and Mental Health will monitor for compliance as part of the annual quality of care site visits.</p> <p>Mechanism of Review</p> <ul style="list-style-type: none"> - LMHA submit all policies regarding the use of input from family and mental health advocacy agencies - Division staff interview consumers and advocacy organization in the LMHA's catchment areas. - Interviews with families or advocacy groups (unable to accomplish in FY 2011) <p>Findings may be issued if:</p> <ul style="list-style-type: none"> - LMHA does not have policy to involve families and Mental Health advocacy groups - Evidence of non-compliance to LMHA policy is found | <p>i) inpatient care and services;</p> <p>(ii) residential care and services;</p> <p>(iii) outpatient care and services;</p> <p>(iv) 24-hour crisis care and services;</p> <p>(v) psychotropic medication management;</p> <p>(vi) psychosocial rehabilitation, including vocational training and skills development;</p> <p>(vii) case management;</p> <p>(viii) community supports, including in-home services, housing, family support services, and respite services;</p> <p>(ix) consultation and education services, including case consultation, collaboration with other county service agencies, public education, and public information; and</p> <p>(x) services to persons incarcerated in a county jail or other county correctional facility.</p> <p>Mechanism of Review</p> <ul style="list-style-type: none"> - Walk through, observe and/or interview: <ul style="list-style-type: none"> • staff • consumers • environment • planned scheduled activities - Review individual client and program level data - Give encouragement and TA - Verify/validate policy concerning services <p>Findings may be issued if:</p> <ul style="list-style-type: none"> - Inconsistencies with policy are observed | |

UTAH DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
Adult Chart Review

Center: _____

Date: _____

Chart Information

Consumer's Name: _____

ID #: _____

Age: _____

Assessment

Reason for seeking services at this time

Readable_____ Social History_____ Symptoms (MI/SA)_____ Community Supports_____

Strengths_____ Cultural_____ Trauma History_____ Treatment History_____ Legal_____

Developmental_____ Family_____ Employment_____ Housing_____ Annual Update_____

Timely_____ Case Management Needs Assessment_____

Diagnosis

Axis I

Axis II

Axis III

Axis IV

Axis V

Treatment Plan

Consumer’s Life Goals

Barriers

Objectives/Measurable Goals

Interventions

Progress Notes

Monitoring Tool For Wellness

Monitoring weight

Diabetes screening

Tobacco use

Providing training for staff in recognizing health issues

The adoption of policies to ensure integration of mental health and physical health care

Providing information to consumers on physical health concerns and ways to improve their physical health

Incorporate wellness into individual person-centered plans

Improve prevention, screening and treatment in context of better access to health care

Identify a specific practitioner to be the responsible party to ensure that each person's medical health care needs are being addressed

| <u>Timeline</u> | <u>Process</u> |
|------------------------|---|
| 1 month prior | <ul style="list-style-type: none"> · Review data/information to determine what questions we have (and any other request) · Contact center and let them know what we want · Send them the request <ul style="list-style-type: none"> ○ Policies <ul style="list-style-type: none"> ▪ Regarding use of person-centered plans ▪ Regarding strengths-based assessments ▪ Describe how OQ is incorporated into treatment planning process ▪ A summary of specific activities related to use of state monies dedicated to the unfunded consumers ▪ Regarding activities directly related to the division's wellness directive ▪ Regarding activities per the division's tobacco free treatment environments directive ▪ Regarding consumer input into treatment and programming ▪ Regarding compliance with Medicaid provider contract Attachment B, Article XI, J (complaint process) ▪ Regarding discharge planning from USH ▪ Regarding family and mental health advocacy groups into treatment and programming ▪ Regarding current activities related to CIT or plans to support CIT ○ If findings were made in FY 2010 site visit, update on center's adult mental health corrective action plan from FY 2010 ○ Planned scheduled treatment activities by treatment programs i.e. schedules/calendar of events ○ Organizational chart ○ Identify any changes to area plan since submission to the division ○ Submit justification for indicators on the Scorecard that fall 30% greater or lower than the state averages · Send proposed schedule (flexible) · Identify when they must have it for us (at least 1 week before site visit date) · Instruct them to identify their "support staff" to work with us for chart reviews · Suggest times when we propose to use Telemed equipment and ask them to identify any known conflicts |
| 1 week prior | <ul style="list-style-type: none"> · Center provides required items to Division of Substance Abuse and Mental Health · Test electronic access to charts |
| Tuesday of review week | <ul style="list-style-type: none"> · One hour (max) entrance interview to confirm monitoring schedule (Telemed or conf call) |
| Tuesday thru Thursday | <ul style="list-style-type: none"> · Teleconferences with each group following schedule determined on Monday · Chart reviews |
| Thursday | Exit interviews with Center director at 2.00 or 3.00 PM |

Chart Review Requirements

SA Treatment

Assessment

ASAM

1st month notes

Most recent month notes

Only charts opened since last site visit

Treatment plan

Treatment plan review

SA Prevention

Assessment

ASAM/IOM

Performance measures (EASY, SYNAR)

MH Adult

Original Assessment

Annual Assessment Update

Diagnosis

Treatment plan - original

- 2 most recent and all other treatment plans from each program in last 6 months (include any updates and CM assessments)

Treatment plan review

Last 30 days' notes (all progress and provider notes)

MH Children

Original Assessment

Recent assessment update

- Most recent complete assessment (include any update & CM assessment)
- YOQ admin / score graph (?)

Diagnosis

Treatment plan - original

- 2 most recent and all other treatment plans from each program in last 6 months (include any updates and CM assessments)

Treatment plan review

Last 20 days' notes (all progress and provider notes)

Material request from LMHA for 2011 audits:

Policies

- Regarding use of person-centered plans
- Regarding strengths-based assessments
- Describe how OQ is incorporated into treatment planning process
- A summary of specific activities related to use of state monies dedicated to the unfunded consumers
- Regarding activities directly related to the division's wellness directive
- Regarding activities per the division's tobacco free treatment environments directive
- Regarding consumer input into treatment and programming
- Regarding compliance with Medicaid provider contract Attachment B, Article XI, J (complaint process)
- Regarding discharge planning from USH
- Regarding family and mental health advocacy groups into treatment and programming
- Regarding current activities related to CIT or plans to support CIT

Update on center's adult mental health corrective action plan from FY 2010

Planned scheduled treatment activities by treatment programs i.e. schedules/calendar of events

Organizational chart

Identify any changes to area plan since submission to the division


Items for Chart Reviews

- Access to or copy of consumers' files
- Original Assessment
- CM Assessments
- Annual assessment update
- Diagnosis
- Treatment plan
- All treatment plans from the last 6 months
- Treatment plan review
- Last 90 days' notes (all progress and provider notes)

Submit justification for indicators on the Scorecard that fall 30% greater or lower than the state averages

Local Authority Monitoring Tool FY2010--8

| Administrative Requirements | | | | | | |
|---|-----------------------------|--------------------|-------------------|--------------------|--|--|
| Area Plan, Narrative, and MDS Portion | Submitted on time? Yes / No | | | Approved? Yes / No | | |
| Prevention data submitted on time? | 1st Quarter Y / N | 2nd Quarter Y / N | 3rd Quarter Y / N | 4th Quarter Y / N | Comments: Have last months that Leslie needs to get in there and | |
| Prevention data complete & accurate? | 1st Quarter Y / N | 2nd Quarter Y / N | 3rd Quarter Y / N | 4th Quarter Y / N | | |
| Fiscal Requirements (SFY 2010) <div> <div>SAPT</div> <div>State G.F.SPF-SIG</div> <div>Local MSDFSC Gov. I Total</div> </div> | | | | | | |
| Prevention revenue | | | | | | |
| Prevention expenditures | | | | | | |
| DSAMH onsite fiscal review | Findings: | | | | | |
| 20% of block grant expended in prevention | Comments: | | | | | |
| Billings | Yes / No | | | | | |
| Subcontract requirements consistent with State requirements | Submitted on time? Yes / No | | | | | |
| Description of subcontract monitoring process | | | | | | |
| Prevention Services | Universal Direct | Universal Indirect | Selective | Indicated | | |
| | | | | | | |
| Performance Measures | | | | | | |
| EASY Compliance Regulation | | | | | | |
| Synar Tobacco Compliance | | | | | | |

| Local Authority Monitoring Tool FY2010-  | |
|---|--|
| SHARP Data: Substance Abuse Trends from each year of the SHARP administration | |
| Protective Factors above state average | |
| Protective factors below state average | |
| Risk factors above state average | |

Local Authority Monitoring Tool FY2010--

| | |
|--|--|
| | |
| Risk factors below State average | |
| <p>Planning Process Review: The planning process shall include cultural awareness and cultural competency for each</p> <p>Needs Assessment</p> | |
| Building Capacity | |
| Planning | |
| Implementation | |
| Best Practices: | |
| <p>Evaluation: Do all programs meet the minimum evaluation requirements</p> <p>Demonstrate an increase in research-based indicators of protection and a reduction in research-based risk indicators and substance use.</p> | |
| Each prevention service shall be evaluated according to the most current version of the DHS/DSAMH Minimum Evaluation Requirements | |
| Annual prevention plan is modified based on annual evaluation results. | |